

Case Number:	CM15-0009447		
Date Assigned:	01/27/2015	Date of Injury:	07/18/2012
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old female who sustained an industrial injury reported on 7/18/2012. She has reported neck pain that extended into the arm, and headaches. The diagnoses have included degenerative cervical and lumbar disc disease; right shoulder impingement syndrome; mild left shoulder rotator cuff tendonopathy; cervical discopathy; right carpal tunnel syndrome; and migraine headache disorder (partially industrial related). Treatments to date have included consultations; diagnostic imaging studies; acupuncture treatments; chiropractic treatments; cortisone injection therapy; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled. On 12/26/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/18/2014 (not noted), for Imitrex to treat headaches, and Motrin 800mg to treat cervical and lumbar degenerative disc disease. The Medical Treatment Utilization Schedule, chronic pain medical treatment, non-steroidal anti-inflammatory and osteoarthritis (including knee and hip); and the Official Disability Guidelines, Head chapter, Triptans, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Imitrex: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

Decision rationale: Yes, the request for Imitrex was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Food and Drug Administration notes that Imitrex is indicated for the "acute treatment of migraine attacks with or without aura in adults." Here, the historical documentation, including the June 2014 neurology consultation, did establish that the applicant had a longstanding history of migraine headaches with associated symptoms of nausea and vomiting. As-needed usage of Imitrex was, thus, indicated to combat issues with migraine headaches when and if they arise. Therefore, the request was medically necessary.

Motrin 800 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

Decision rationale: Conversely, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line treatment for various chronic pain conditions, including the chronic multifocal pain complaints reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the historical notes of June and July 2014, referenced above, contained no references to usage of Motrin on that date. There was no mention of Motrin being employed as of that point in time. The December 18, 2014 progress note and/or RFA form seemingly made available to the claims administrator were not incorporated into the Independent Medical Review packet. The information on file, however, failed to establish the presence of medication efficacy and/or functional benefit effected as a result of previous usage of Motrin. Therefore, the request was not medically necessary.